

BEST AVAILABLE COPY

09/974, 862

Application or Docket Number

2091-324SP-SP

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2001

CLAIMS AS FILED - PART I

| (Column 1)                       | (Column 2)               |
|----------------------------------|--------------------------|
| TOTAL CLAIMS                     | 6                        |
| FOR                              | NUMBER FILED             |
| TOTAL CHARGEABLE CLAIMS          | 6 minus 20 = * 0         |
| INDEPENDENT CLAIMS               | 2 minus 3 = * 1          |
| MULTIPLE DEPENDENT CLAIM PRESENT | <input type="checkbox"/> |

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

| (Column 1)  | (Column 2)                       | (Column 3)                         |
|---|----------------------------------|------------------------------------|
| AMENDMENT A   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR |
| Total   | * 8                              | Minus ** 20 =                      |
| Independent   | * 2                              | Minus *** 3 = 1                    |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |

| SMALL ENTITY TYPE | OTHER THAN SMALL ENTITY |
|-------------------|-------------------------|
| RATE              | FEES                    |
| BASIC FEE         | 370.00                  |
| OR                | BASIC FEE 740.00        |
| X\$ 9=            |                         |
| OR                | X\$18=                  |
| X42=              |                         |
| OR                | X84=                    |
| +140=             |                         |
| OR                | +280=                   |
| TOTAL             | 740.00                  |
| OR                | TOTAL                   |

| SMALL ENTITY     | OTHER THAN SMALL ENTITY |
|------------------|-------------------------|
| RATE             | ADDITIONAL FEE          |
| <del>25</del>    | <del>X\$18=</del>       |
| X\$ 9=           |                         |
| OR               | X\$18=                  |
| X42=             |                         |
| OR               | X84=                    |
| +140=            |                         |
| OR               | +280=                   |
| TOTAL ADDIT. FEE | 200.00                  |
| OR               | TOTAL ADDIT. FEE        |

| AMENDMENT B   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|----------------------------------|------------------------------------|---------------|
| Total   | *                                | Minus **                           | =             |
| Independent   | *                                | Minus ***                          | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |
|   |                                  |                                    |               |

| AMENDMENT C   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|----------------------------------|------------------------------------|---------------|
| Total   | *                                | Minus **                           | =             |
| Independent   | *                                | Minus ***                          | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |
|   |                                  |                                    |               |

| AMENDMENT C   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|----------------------------------|------------------------------------|---------------|
| Total   | *                                | Minus **                           | =             |
| Independent   | *                                | Minus ***                          | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |
|   |                                  |                                    |               |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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